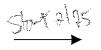
### Enter your transmittal number



12. e-mail address (optional)

W210520

Transmittal Number

Your unique Transmittal Number can be accessed online: http://mass.gov/dep/service/online/trasmfrm.shtml or call MassDEP's InfoLine at 617-338-2255 or 800-462-0444 (from 508, 781, and 978 area codes).

Massachusetts Department of Environmental Protection

A. Permit Information

11. Contact Person

# Transmittal Form for Permit Application and Payment

<ol> <li>Please type or</li> </ol>
print. A separate
Transmittal Form
must be completed
for each permit
application.

- 2. Make your check payable to the Commonwealth of Massachusetts and mail it with a copy of this form to: DEP, P.O. Box 4062, Boston, MA 02211.
- 3. Three copies of this form will be needed.

Copy 1 - the original must accompany your permit application. Copy 2 must accompany your fee payment. Copy 3 should be retained for your records

4. Both fee-paying and exempt applicants must mail a copy of this transmittal form to:

> MassDEP P.O. Box 4062 Boston, MA 02211

\* Note: For BWSC Permits. enter the LSP.

BWP IW 38	Industr	strial Sewer User				
1. Permit Code: 7 or 8 character code from permit instruc	2. Name					
Application/Payment		- I				
3. Type of Project or Activity	an employed	FEB 1 9 2008				
Applicant Information – Firm or In	al j		# 100 A 100			
Vitasoy USA	e de la constante de la consta					
1. Name of Firm - Or, if party needing this approval is	an individu	al enter na	ime below:			
2. Last Name of Individual	3. First Name of Individual				4. MI	
1 New England Way						
5. Street Address						
Ayer	MA	0143	2	978-772-6880	3130	
6. City/Town	7. State	8. Zip (	Code	9. Telephone #	10. Ext. #	
Dan MacPhail	dan.macphail@vitasoy-usa.com					

## C. Facility, Site or Individual Requiring Approval

Vitasoy USA 1. Name of Facility, Site Or Individual 1 New England Way 2. Street Address Ayer MA 01432 978-772-6880 3. City/Town 4. State 5. Zip Code Telephone # 94-25-59642 8. DEP Facility Number (if Known) 9. Federal I.D. Number (if Known) 10. BWSC Tracking # (if Known)

## D. Application Prepared by (if different from Section B)\*

1. Name of Firm Or Individual 2. Address 3. City/Town 4. State 5. Zip Code 6. Telephone # 7. Ext. # 8. Contact Person 9. LSP Number (BWSC Permits only)

## E. Permit - Project Coordination

Is this project subject to MEPA review? \(\simega\) yes \(\times\) no If yes, enter the project's EOEA file number - assigned when an Environmental Notification Form is submitted to the MEPA unit:

EOEA File Number

#### F. Amount Due

DEP Use Only

Permit No:

Rec'd Date:

#### Special Provisions:

☐ Fee Exempt (city, town or municipal housing authority)(state agency if fee is \$100 or less). There are no fee exemptions for BWSC permits, regardless of applicant status.

☐ Hardship Request - payment extensions according to 310 CMR 4.04(3)(c). ☐ Alternative Schedule Project (according to 310 CMR 4.05 and 4.10).

☐ Homeowner (according to 310 CMR 4.02).

Reviewer:

\$1,605.00 **Dollar Amount** 

2/15/2008 Date